

## Psychiatric morbidity among women living in the general population in Malaysia

Mubarak AR *School of Social Sciences, Universiti Sains Malaysia, 11800 Minden, Pulau Pinang*

### Abstract

The 30-item version of General Health Questionnaire (GHQ) (Goldberg, 1972) was administered to 1498 women living in George Town, Pulau Pinang and Kuala Muda, Kedah. A stratified random sampling method was used to select respondents. In all, 21.76% of the study subjects scored 4 and above on the GHQ indicating them as probable cases of neurosis. The occupational background of the sample revealed women working as labourers and machine operators as under higher risk of developing mental health problems. Similarly, non-literate and less-educated women also indicated higher risk of developing mental health problems. The implications of these observations for related policy matters are discussed in detail.

**Key Words:** mental health; neurosis; women; working women

### Introduction

Due to a close association between emotions and mental health, emotional conflicts are often expressed in the form of mental health problems. Since emotional conflicts are part of daily life, the mental health problems in various forms and for various duration are common among even "normal" human beings. Specifically, the milder forms of mental health problems such as neurotic symptoms have been reported to be widely prevalent among normal population groups, e.g. Shapiro *et al.* (1985) and Vanquez-Barquero *et al.* (1985). A few studies have specifically identified a higher prevalence of non-psychotic psychiatric symptoms among individuals more frequently exposed to emotional problems. For example, a high prevalence of neurotic symptoms has been reported among lower socio-economic population groups (Huxley *et al.*, 1989), people working in highly stressful professions (Iwata *et al.*, 1988; Estryn *et al.*, 1990) and persons suffering from chronic physical illnesses (Marino *et al.*, 1990; Sharp, 1988; Scaloubaca *et al.*, 1988; Von-Kroff *et al.*, 1987). All these studies, through their coverage of population groups which are non-seekers of psychiatric intervention, indicate the vulnerability of these groups to mental health problems and the need for some form of professional intervention.

Malaysia has been undergoing rapid industrialization and large scale technological growth in recent years. This is transforming the traditionally agro-based Malaysia into a modern industrialized nation. As a part of this process, Malaysians have undergone major changes in their living conditions, work habits, and ways of thinking. Malaysian women especially, appear as the ones who have undergone major transition as a result of industrialization. They are recent entrants into the labour force due to an acute shortage of human resources, and currently they constitute one of the major sectors of the labour force catering to the needs of industries. For example, in 1957, the percentage of women in the

manufacturing sector was 17% but it soon increased to 29% in 1970 and to 39.5% in 1980. On the other hand, the percentage of men in the manufacturing work force had declined from 83% in 1957 to 71% in 1970 and 60.5% in 1980 (Ariffin, 1992). Due to these trends, the traditional role of Malaysian women as home makers has changed. They have thus been assuming the roles of both home-makers and bread-winners which have multiplied demands made of them. The impact of these changes on the mental health status of Malaysian women needs in-depth exploration. Keeping this in view, a survey was conducted which explored the association between socio-economic background and mental health of Malaysian women. The present article reports the observations of this survey.

### Method and Materials

The universe considered for the present study was the District of Kuala Muda in the State of Kedah and George Town in the State of Pulau Pinang. Rural samples were selected from Kuala Muda and urban samples were selected from George Town. Stratified random sampling technique was used to choose the samples. The District of Kuala Muda has been administratively subdivided into 16 Mukims. One third of these 16 Mukims i.e., six Mukims at a ratio of  $16/6=2.67$ , were selected on a random basis using random numbers. Based on this same sample ratio of 2.67, villages included in the study were selected; for example, if one Mukim had 13 villages within it, five villages ( $13/2.67=4.87$  or 5) were chosen. In this way 18 villages in Kuala Muda were chosen for the present study. Depending on the number of houses situated in each village and their ethnic composition, the number of respondents to be selected from each village was determined.

Similarly, George Town has been divided into 32 administrative units known as Rukun Tetanga areas. The ratio of 2.67 used for the sample selection in Kuala

Muda was also used for the sample selection in George Town. As per the ratio  $32/2.67=11.99$ , 12 Rukun Tetanga areas were selected using random numbers. Out of the resident list for these 12 Rukun Tetanga areas, respondents were chosen following a similar pattern adopted when choosing the rural respondents. Both married and unmarried women were included in the present study. They were to be within the age-group of 19-45 years indicating them as adults in their early and middle adulthood, living with their families and having no past history of psychiatric or neurotic illness or any type of chronic physical illnesses. In all, 1498 women participated in the present study.

The rural and urban samples were chosen from similar socio-economic backgrounds. Hollingshed's (1975) Four Factor Index was used to quantify the socio-economic background of the samples. This is an index of various occupations and educational backgrounds. The author has categorized the occupations and educational backgrounds systematically and has assigned factor scores to each of them. The index defines socio-economic background as a combination of educational and occupational backgrounds, and the factor scores helps to quantify the socio-economic background of the respondents. An interview schedule eliciting information regarding the background characteristics of the respondents was prepared for data collection. The mental health of the respondents was assessed by administering the 30-item version of the General Health Questionnaire (GHQ) (Goldberg, 1972). The GHQ translated in the national language, Bahasa Malaysia has al-

ready been used in Malaysia (e.g. Saroja *et al.*, 1995; Rashidi, 1972) and the same was used in the present study. Information was collected from the respondents through interviews conducted at their houses.

## Results

The background characteristics of the respondents (Table 1) indicated their mean age as 31 years with an average of 5 years of schooling and a monthly income of RM 221. In total, 69% of them were married with a majority of them having 3-5 children. The respondents were categorized as cases and non-cases of neurosis based on a cut-off score of 4 using the GHQ (Goldberg, 1972). Of the 1498 respondents, 326 (21.76%) were probable cases with non-psychotic psychiatric symptoms, indicating a prevalence rate of about 218 persons with neurotic symptomatology per 1000 population.

The occupational backgrounds of the study samples are given in Table 2. It was found that the highest number (35%) of women engaged in menial services/labour were probable cases of neurosis followed by clerical/sales/semi-professionals (29%), and machine operators/semi-skilled workers (24%). Occupational categories such as housewives (19%) and business (17%) had the lowest number of neurotic cases. Pertaining to the educational background of respondents (Table 3), it can be seen that the neurotic symptoms were reported at maximum level by illiterates (38%) followed by secondary school (28%) and technical (28%) educated respectively.

Table 1. Background characteristics of respondents

	N	%	Mean	SD
Age (years)			31.07	8.23
=< 20	205	13.68		
21-25	258	17.22		
26-30	277	18.49		
31-35	271	18.09		
36-40	233	15.55		
41-45	254	16.96		
Education (in years)			5.53	4.63
Monthly income (Ringgit)			220.66	421.07
Marital status				
married	467	31.20		
unmarried	1031	68.80		
No. of children (married only)			2.17	2.14
Nil	60	5.82		
=<2	346	33.56		
3-5	517	50.15		
6-8	97	9.41		
=>9	11	1.07		

Table 2. Neurotic symptoms according to occupational categories

Occupational categories	No. (%) of GHQ cases*	No. (%) of GHQ non-cases	Total
House wives	157 (19.03)	668 (80.97)	825
Menial services/Labourers	61 (34.66)	115 (65.34)	176
Machine operators/Semi-skilled workers	69 (23.88)	220 (76.12)	289
Skilled workers/Business	23 (17.55)	108 (82.45)	131
Clerical/Sales/Semi-professionals	6 (28.57)	15 (71.43)	21
Professionals	10 (17.86)	46 (82.14)	56

\* GHQ: General Health Questionnaire (Goldberg, 1972); cases with score 4 and above; non-cases with score 3 and less

Table 3. Neurotic symptoms according to educational categories

Educational categories	No. (%) of GHQ cases*	No. (%) of GHQ non-cases	Total
Non-literates	38 (38.38)	61 (61.62)	99
Primary School	79 (17.10)	383 (82.90)	462
Junior Secondary School (SRP)	62 (17.71)	288 (82.29)	350
Secondary School (SPM)	104 (24.13)	327 (75.87)	431
Senior Secondary School (STPM)	30 (28.30)	76 (71.07)	106
Technical Education	8 (27.59)	21 (72.41)	29
University Education	5 (23.81)	16 (76.19)	21

\* GHQ: General Health Questionnaire (Goldberg, 1972); cases with score 4 and above; non-cases with score 3 and less

### Discussion

The present study has indicated a very high prevalence rate of mental health problems among women. Nearly 22% indicated the probability of suffering from neurotic symptoms. Their background revealed certain interesting characteristics implying an association between the socioeconomic status and mental health of women. Those respondents who were involved in menial services/labour and machine operators/semi-skilled workers revealed an incidence of more mental health problems than for the other categories. On the other hand, it can be seen that a much smaller number of housewives, professionals and women involved in business reported mental health problems. This implies the possibility that the high demands made by some occupations may significantly contribute to the emotional stress and mental health problems among women. At the same time the respondents who were involved in the occupations that are not demanding and which are within the individual's control such as household work and small business were less vulnerable to mental health problems. Further, those women in the sample who were involved in occupations in which they were under the supervision of others and also engaged in the occupations involving shift duties, revealed more mental health symptoms. Thus, these observations clearly imply a high level of stress for the working women in

Malaysia mainly due to the nature of their work, and the stress and strains related to work contributed to their mental health problems.

The results pertaining to the educational background of the respondents coincide very well with the observations regarding their occupations. The illiterate respondents had the highest prevalence of mental health problems (38.38%) followed by the secondary school educated (24.13%) and the technically educated (27.59%). This means that the non-literate sample who is involved in the menial services/labour and the secondary-school leavers and technical educated such as clerical and machine operators/semi-skilled workers are under higher if not severe risk of developing mental health problems. Education and occupation are two of the basic criteria frequently used to measure the socio-economic status of the people (Hollingshed, 1975). The present study indicates a strong association between the lower socio-economic status of women and their mental health problems.

The present study reveals some negative impacts of socio-economic changes in Malaysia on the mental health of women. The demands made on the working women seem to be very high, leading to mental health problems among them. Especially, women working in the lower categories of occupation seem to be the major victims. This observation should be taken into ac-

count for policy making. Of late there is a heavy demand for human resources with less education and minimal technical skills in industries and plantations. The general trend is that these sectors prefer school leavers to join them as operators/labourers. There are special campaigns organized by the industries to attract youngsters who are less educated to work in the factories. This has attracted many of the young to join the labour force at the expense of their further education. While widely expanding industries and consequent multiplication of job openings are good signs of economic growth, it is very important that appropriate steps are taken to safeguard the mental health of these people. Recently more women than men have been found to be employed in the service sector of Malaysia (Ariffin, 1992). Earlier, numerous studies conducted on the social aspects of working women in Malaysia reported severe difficulties of various natures including psychological problems (Hing, 1984; Ackerman, 1984; Jamilah, 1984; Maznah, 1987; Ng, 1987). The present study directly addresses issues related to mental health and well-being of women in Malaysia and has clearly indicated a particular vulnerability of working women in Malaysia to develop neurotic symptoms. Hence, it is necessary that policies be drawn up to safeguard the mental health of working women in Malaysia and to protect these population groups from further deterioration.

It is also important that the workplaces have facilities to provide professional help and intervention for working women. Similarly, the present study implies the urgency of a vigorous community mental health programme to create awareness of these emotional problems and the general ways of overcoming them. Since the present study only covered women who have not sought any professional help and intervention for these problems, a lack of awareness of the emotional problems and ways of solving them is clearly evident among these women in Malaysia. Further, the observations of the present study have implications for the prevalence rate of mental illness reported among community samples of Malaysia. The frequently quoted prevalence rates mainly include the population groups suffering from severe forms of mental illnesses as seen at psychiatric treatment centers. For example, in 1990, 31,315 cases were reported as suffering from mental health problems, in 1992, there were 32,552 and in 1994, this figure rose to 33,342 cases for Malaysia overall (Mahadevan, 1995). However, considering the prevalence rate reported by the present study, these figures clearly reflect only one side of the coin and the prevalence of mental health problems among populations in the general community remains as not adequately explored. Keeping in view the rapid developments occurring in Malaysia, it is very likely that the incidence of neurotic illnesses among communities will increase. Therefore, steps should be taken to initiate epidemiological studies to identify the extent of mental health problems in the

community and to draw up policies to improve the mental health status of Malaysian women.

In conclusion, the present study has identified relatively high prevalence of mental health problems among working women in Malaysia. Lower level occupational groups such as labourers and machine operators were found to be more prone to neurotic symptoms. Keeping in view the rapid industrialization occurring in Malaysia and the increasing number of women entering the labour force, it is important that preventive measures are taken to safeguard the well-being of Malaysian women.

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**Introduction**

There has been a growing awareness of the need for mental health services in Malaysia. The Ministry of Health has initiated a number of programmes to address the mental health needs of the population. One of the key areas of concern is the mental health of women. This paper reports on a study of psychiatric morbidity among women in Malaysia. The study was conducted in a general population sample of women aged 18 years and over. The results of the study are discussed in terms of the prevalence of psychiatric morbidity among women in Malaysia and the need for mental health services for women.

The purpose of this paper is to describe the prevalence of psychiatric morbidity among women in Malaysia. The study was conducted in a general population sample of women aged 18 years and over. The results of the study are discussed in terms of the prevalence of psychiatric morbidity among women in Malaysia and the need for mental health services for women.

**Methods and Materials**

A cross-sectional study was conducted in a general population sample of women aged 18 years and over. The study was conducted in a general population sample of women aged 18 years and over. The results of the study are discussed in terms of the prevalence of psychiatric morbidity among women in Malaysia and the need for mental health services for women.

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